POISONING WITH AMANITA REGALIS (BROWN FLY AGARIC) [167]
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Objective: Amanita regalis represents a variant of Amanita muscaria. The aspect and the favourable taste of this species cause confusion with edible mushrooms of Amanita family (A. rubescens, A. spissa), and Macrolepiota procera (parasol mushroom).

Case report: A 40-year-old woman was found unconscious in sedentary position with clonic-tonic convulsions about two and a half hours after ingestion of four or five mushrooms. Cholinergic symptoms such as vomiting, hypersalivation, miosis, enuresis, and encopresis were shown. Emergency physician was unable to interrupt recurrent convulsions. Therefore patient was anaesthetised intravenously, intubated intratracheally, and artificial respiration was done. Gastric lavage was performed, activated charcoal, and atropine was given. Both initial laboratory, sonographic, and computer-tomographic findings and ECG were normal. Symptoms resolved within one day and patient extubated himself. Aspiration pneumonia manifested on the second day. No liver or kidney damage or other complications occurred, so that the patient was discharged in a satisfactory condition on the seventh day. The mushrooms were identified later as A. regalis from patient’s garden.

Case series: From 1994 to 2002 our poison centre has learned by further seven poisoning cases with A. regalis that gastrointestinal (nausea, emesis, hypersalivation) and/or central nervous symptoms (somnolence, hallucination, coma, seizures) develop most often within few hours after ingestion. Coma and recurrent generalised seizures may persist over 24 hours. No fatality has been reported.

Conclusion: Laymen are obviously not able to distinguish certainly mushrooms of Amanita family. The most cases are unintentional ingestions, but owing to consumption of larger portions poisoning symptoms occurs with acute severity. To all appearances the prognosis of this poisoning is good with complete recovery without permanent organ damages.